

Fill in this information to identify your case and this filing:

Debtor 1	Jose	Trinidad	Cuellas
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Texas	
Case number	24-41040-MXM-13		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here → \$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: BMW Who has an interest in the property? Check one.
 Model: 328i Debtor 1 only
 Year: 2012 Debtor 2 only
 Approximate mileage: 87000 Debtor 1 and Debtor 2 only
 Other information:
NFS drives

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? \$7,825.00	Current value of the portion you own? \$7,825.00
--	--

If you own or have more than one, describe here:

3.2 Make:	<u>GMC</u>	Who has an interest in the property? Check one.		
Model:	<u>Sierra</u>	<input checked="" type="checkbox"/> Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Year:	<u>2020</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>110000</u>	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	<input type="checkbox"/> At least one of the debtors and another		Current value of the entire property?	Current value of the portion you own?
			<u>\$32,363.00</u>	<u>\$32,363.00</u>
	<input type="checkbox"/> Check if this is community property (see instructions)			
	debtor drives			

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$40,188.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.

See Attached.

\$11,400.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.

See Attached.

\$7,750.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.

See Attached.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.

See Attached.

\$3,050.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.Clothing
Shoes

\$2,500.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.

Wedding Rings

\$4,000.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses No Yes. Describe.

Dogs 2

\$300.00

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$29,000.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?
Do not deduct secured claims or exemptions.****16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash:

\$2,500.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes

Institution name:

17.1. Checking account:	Bank of America	\$105.00
	Account Number: 9948	
17.2. Checking account:	Bank of America	\$50.00
	Account Number: 8121	
17.3. Checking account:	Bank of America Business (MRJ Company, Inc) (frozen by state comptroller)	(\$49,000.00)
	Account Number: 4363	
17.4. Checking account:	Bank of America Business (MRJ Handyman, LLC) (frozen by state comptroller)	(\$49,000.00)
	Account Number: 6828	
17.5. Savings account:	Bank Of America	\$81.34
	Account Number: 8134	

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:	% of ownership:	
MRJ Company, Inc	100.00%	\$75,000.00
MRJ Handyman, LLC	100.00%	\$10,000.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them.

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them.

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them.

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim.

35. **Any financial assets you did not already list**

No

Yes. Give specific information.

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** → (\$10,263.66)

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	→	\$0.00
56. Part 2: Total vehicles, line 5		\$40,188.00
57. Part 3: Total personal and household items, line 15		\$29,000.00
58. Part 4: Total financial assets, line 36		(\$10,263.66)
59. Part 5: Total business-related property, line 45		\$0.00
60. Part 6: Total farm- and fishing-related property, line 52		\$0.00
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61.	\$58,924.34	Copy personal property total → + \$58,924.34
63. Total of all property on Schedule A/B. Add line 55 + line 62.		\$58,924.34

Continuation Page

6.	Household goods and furnishings	
	<u>Bedroom Furniture</u>	\$3,000.00
	<u>Clothes Dryer</u>	\$1,100.00
	<u>Dining Room Furniture</u>	\$600.00
	<u>Lawn Furniture</u>	\$1,800.00
	<u>Living Room Furniture</u>	\$4,000.00
	<u>Washing Machine</u>	\$900.00
7.	Electronics	
	<u>Camera</u>	\$250.00
	<u>Cell Phones</u>	\$3,000.00
	<u>Computer</u>	\$2,500.00
	<u>Televisions</u>	\$2,000.00
9.	Equipment for sports and hobbies	
	<u>Bicycles</u>	\$300.00
	<u>Clubs</u>	\$250.00
	<u>Exercise Equipment</u>	\$2,500.00

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuellas</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-41040-MXM-13</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 2012 BMW 328i NFS drives	\$7,825.00	<input checked="" type="checkbox"/> \$2,161.21 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.1			
Brief description: 2020 GMC Sierra debtor drives	\$32,363.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.2			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Debtor 1

Jose Trinidad Cuellas

First Name

Middle Name

Last Name

Case number (if known) 24-41040-MXM-13

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Clothes Dryer</u>	\$1,100.00	<input checked="" type="checkbox"/> \$1,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Living Room Furniture</u>	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Bedroom Furniture</u>	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Washing Machine</u>	\$900.00	<input checked="" type="checkbox"/> \$900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Lawn Furniture</u>	\$1,800.00	<input checked="" type="checkbox"/> \$1,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Dining Room Furniture</u>	\$600.00	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: <u>Televisions</u>	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Computer</u>	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>7</u>			

Debtor 1

Jose Trinidad Cuellas

First Name

Middle Name

Last Name

Case number (if known) 24-41040-MXM-13

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: <u>Cell Phones</u>	\$3,000.00	<input checked="" type="checkbox"/> \$3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Camera</u>	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>7</u>			
Brief description: <u>Exercise Equipment</u>	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Bicycles</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Clubs</u>	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)
Line from Schedule A/B: <u>9</u>			
Brief description: <u>Clothing Shoes</u>	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B: <u>11</u>			
Brief description: <u>Wedding Rings</u>	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>Dogs 2</u>	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B: <u>13</u>			

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuelas</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u> District of <u>Texas</u>			
Case number (if known) <u>24-41040-MXM-13</u>			

 Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 <u>Ally Bank</u> Creditor's Name <u>C/O AIS Portfolio Services, LLC</u> <u>4515 N Santa Fe Ave APS</u> Number Street <u>Oklahoma City, OK 73118</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>05/14/2020</u> Last 4 digits of account number <u>4 9 6 8</u> Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$37,157.80</u>	<u>\$37,157.80</u>	<u>\$32,363.00</u>	<u>\$4,794.80</u>
Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;"><u>2020 GMC Sierra</u> debtor drives</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

Debtor 1

Jose

Trinidad

First Name

Middle Name

Cuellas

Last Name

Case number (if known) 24-41040-MXM-13

Additional Page

Part 1:
After listing any entries on this page, number them beginning with 2.3,
followed by 2.4, and so forth.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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2.2	Americredit Financial Services, Inc Creditor's Name dba GM Financial PO Box 183853 Number Street Arlington, TX 76096 City State ZIP Code	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$5,776.39 \$0.00 \$5,776.39
2.3	BMW Bank of North America Creditor's Name 4515 N Santa Fe Ave APS Number Street Oklahoma City, OK 73118 City State ZIP Code	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$5,663.79 \$7,825.00 \$0.00
		Date debt was incurred 06/20/2017 Last 4 digits of account number 3 6 5 7	
		Add the dollar value of your entries in Column A on this page. Write that number here: \$11,440.18	
		If this is the last page of your form, add the dollar value totals from all pages. Write that number here:	

Debtor 1

Jose

Trinidad

First Name

Middle Name

Cuellas

Last Name

Case number (if known) 24-41040-MXM-13

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.4	Internal Revenue Service		Describe the property that secures the claim:	\$118,710.66	\$87,736.34	\$30,974.32
Creditor's Name		See Attachment				
P.O. Box 7346						
Number	Street					
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)						
Who owes the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
Check if this claim relates to a community debt						
Date debt was incurred	Last 4 digits of account number _____					
Add the dollar value of your entries in Column A on this page. Write that number here: \$118,710.66						
If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$167,308.64						

Debtor 1

Jose

Trinidad

First Name

Middle Name

Cuellas

Last Name

Case number (if known) 24-41040-MXM-13

Attachment Page

2.4 Describe the property that secures the claim:

MRJ Company, Inc

MRJ Handyman, LLC

Cash

Bank of America

Bank of America

Bank Of America

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuelas</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Texas
Case number 24-41040-MXM-13 (if known)			

 Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Lee Law Firm, PLLC Priority Creditor's Name 8701 Bedford Euless Rd 510 Number Street Hurst, TX 76053 City State ZIP Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Attorney Fees	\$3,108.00	\$3,108.00 \$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Trinidad Cuellas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
2.2	Texas Comptroller Of Public Accounts Priority Creditor's Name Bankruptcy & Collections Division PO Box 12548 MC-008 Number Street Austin, TX 78711-2548 City State ZIP Code	Last 4 digits of account number	9 0 4 6	\$58,285.69	\$48,156.14	\$10,129.55	
		When was the debt incurred?					
		As of the date you file, the claim is: Check all that apply.					
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
		Type of PRIORITY unsecured claim:	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
		Who incurred the debt? Check one.	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
			<input type="checkbox"/> Check if this claim is for a community debt				
		Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

Jose

Trinidad

First Name

Middle Name

Cuellas

Last Name

Case number (if known) 24-41040-MXM-13

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	American First Finance Nonpriority Creditor's Name PO Box 565848 Number Street Dallas, TX 75356 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,000.00
		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loan</u>	
		Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.2	Ascendum Education Solutions, Inc. Nonpriority Creditor's Name P.O. Box 8961 Number Street Madison, WI 53708-8961 City State ZIP Code	Last 4 digits of account number <u>7 6 9 4</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$103,932.67
		Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u> </u>	
		Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Jose Trinidad Cuelas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	Bank of America	Last 4 digits of account number	\$3,527.00
Nonpriority Creditor's Name PO Box 660933		When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Dallas, TX 75266		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.4	Capital One	Last 4 digits of account number	\$293.00
Nonpriority Creditor's Name P.O. Box 31293		When was the debt incurred?	
Number	Street	As of the date you file, the claim is: Check all that apply.	
Salt Lake City, UT 84131		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Trinidad Cuelas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5	<u>Credit One Bank</u> Nonpriority Creditor's Name PO Box 98875 Number Street Las Vegas, NV 89193 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$650.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	<u>Discover Bank/Discover Products Inc</u> Nonpriority Creditor's Name PO Box 3025 Number Street New Albany, OH 43054 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,362.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.7	<u>Internal Revenue Service</u> Nonpriority Creditor's Name P.O. Box 7346 Number Street Philadelphia, PA 19101-7340 City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$111,784.48
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>taxes</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Trinidad Cuelas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.8	LVNV Funding	Last 4 digits of account number	0 5 3 1	\$2,537.90
Nonpriority Creditor's Name		When was the debt incurred?		
Resurgent Capital Services		06/18/2018		
PO Box 10587		As of the date you file, the claim is: Check all that apply.		
Number	Street	<input type="checkbox"/> Contingent		
Greenville, SC 29603-0587		<input type="checkbox"/> Unliquidated		
City	State	<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for - SYNCB</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.9	NTTA	Last 4 digits of account number	6 5 6 9	\$272.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 260928				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Plano, TX 75026-0928		<input type="checkbox"/> Contingent		
City	State	<input type="checkbox"/> Unliquidated		
ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.10	NTTA	Last 4 digits of account number	8 8 6 8	\$7,478.00
Nonpriority Creditor's Name		When was the debt incurred?		
Po Box 260928				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Plano, TX 75026-0928		<input type="checkbox"/> Contingent		
City	State	<input type="checkbox"/> Unliquidated		
ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Jose Trinidad Cuelas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11	NTTA	Last 4 digits of account number	\$2,410.00
Nonpriority Creditor's Name Po Box 260928		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
Plano, TX 75026-0928		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	OneMain	Last 4 digits of account number	\$8,863.53
Nonpriority Creditor's Name PO Box 3251		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
Evansville, IN 47731		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Repo deficiency</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.13	Regional Finance	Last 4 digits of account number	\$1,547.00
Nonpriority Creditor's Name 979 Batesville Rd B		When was the debt incurred?	
Number Street		As of the date you file, the claim is: Check all that apply.	
Greer, SC 29651		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Signature loan</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Jose Trinidad Cuelas Case number (if known) 24-41040-MXM-13
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.14	RMA Toll Processing	Last 4 digits of account number	\$32.00
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 734182			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Dallas, TX 75373-4182		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.15	SYNCB	Last 4 digits of account number	\$2,538.00
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 965033			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Orlando, FL 32896		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.16	TxTag	Last 4 digits of account number	\$58.00
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 650749			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Dallas, TX 75265-0749		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tolls</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Jose

Trinidad

First Name

Cuelas

Middle Name

Cuelas

Last Name

Case number (if known) 24-41040-MXM-13

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$0.00
	6b. Taxes and certain other debts you owe the government	6b. \$58,285.69
	6c. Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$3,108.00
	6e. Total. Add lines 6a through 6d.	6e. \$61,393.69

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$103,932.67
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$148,352.91
	6j. Total. Add lines 6f through 6i.	6j. \$252,285.58

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuellas</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-41040-MXM-13</u>		

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease			State what the contract or lease is for
2.1	Invitation Homes			House Lease Contract to be ASSUMED
	Name			
	4450 Sojourn Dr			
	Number Street			
	Addison, TX 75001			
	City	State	ZIP Code	
2.2				
	Name			
	Number Street			
	City	State	ZIP Code	
2.3				
	Name			
	Number Street			
	City	State	ZIP Code	
2.4				
	Name			
	Number Street			
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuelles</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Northern	District of Texas
Case number 24-41040-MXM-13 (if known)			

 Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.
Cuelles, Mechelle
Name of your spouse, former spouse, or legal equivalent
4802 Winterview Dr
Number Street
Mansfield, TX 76063
City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
	Check all schedules that apply:
3.1 Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____
3.2 Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Schedule D, line _____ <input type="checkbox"/> Schedule E/F, line _____ <input type="checkbox"/> Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	Jose	Trinidad	Cuellas
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Texas		
Case number (if known)	24-41040-MXM-13		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse	
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	
Occupation	Owner		
Employer's name	MRJ Company		
Employer's address	4802 Winterview Dr Number Street		
How long employed there?	Mansfield, TX 76063 City State Zip Code <u>18 years</u>		
	Mansfield, TX 76063 City State Zip Code <u>18 years</u>		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	<u>\$3,000.00</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$350.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$0.00</u>	<u>\$3,350.00</u>

Debtor 1

Jose Trinidad Cuellas

Case number (if known) 24-41040-MXM-13

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... →	4. _____ \$0.00	\$3,350.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. _____ \$0.00	\$393.66
5b. Mandatory contributions for retirement plans	5b. _____ \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. _____ \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. _____ \$0.00	\$0.00
5e. Insurance	5e. _____ \$0.00	\$0.00
5f. Domestic support obligations	5f. _____ \$0.00	\$0.00
5g. Union dues	5g. _____ \$0.00	\$0.00
5h. Other deductions. Specify: <u>Cash Advance</u>	5h. + _____ \$0.00	+ \$603.33
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. _____ \$0.00	\$996.99
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. _____ \$0.00	\$2,353.01
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8a. _____ \$9,008.35	\$0.00	
8b. Interest and dividends	8b. _____ \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
8c. _____ \$0.00	\$0.00	
8d. Unemployment compensation	8d. _____ \$0.00	\$0.00
8e. Social Security	8e. _____ \$0.00	\$0.00
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. _____ \$0.00	\$0.00
8g. Pension or retirement income	8g. _____ \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + _____ \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$9,008.35	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$9,008.35 + \$2,353.01	= \$11,361.36
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + _____ \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		
	12. \$11,361.36	
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Debtor 1

Jose	Trinidad	Cuellas
First Name	Middle Name	Last Name

Case number (if known) 24-41040-MXM-13

8a. Attached Statement

MRJ Handyman

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$11,814.28</u>
--------------------------	--------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$16.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$2,714.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$1,959.58</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$482.89</u>
12. Office Expenses and Supplies	<u>\$116.40</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$330.35</u>
15. Travel and Entertainment	<u>\$734.77</u>
16. Equipment Rental and Leases	<u>\$60.49</u>
17. Legal/Accounting/Other Professional Fees	<u>\$1,008.46</u>
18. Insurance	<u>\$0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$7,422.94</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$4,391.34</u>
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Debtor 1

Jose	Trinidad	Cuellas
First Name	Middle Name	Last Name

Case number (if known) 24-41040-MXM-13

8a. Attached Statement

MRJ Company

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income:	<u>\$41,481.14</u>
--------------------------	--------------------

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$28,705.80</u>
4. Payroll Taxes	<u>\$330.63</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$2,756.75</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$1,001.77</u>
12. Office Expenses and Supplies	<u>\$1,221.53</u>
13. Repairs and Maintenance	<u>\$0.00</u>
14. Vehicle Expenses	<u>\$924.93</u>
15. Travel and Entertainment	<u>\$649.53</u>
16. Equipment Rental and Leases	<u>\$289.01</u>
17. Legal/Accounting/Other Professional Fees	<u>\$984.18</u>
18. Insurance	<u>\$0.00</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$36,864.13</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)	<u>\$4,617.01</u>
--	-------------------

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Trinidad</u>	<u>Cuellas</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-41040-MXM-13</u>		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		Child	13 Years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
		Child	6 Years	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.
				<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses
4. <u>\$3,208.00</u>
4a. <u>\$0.00</u>
4b. <u>\$0.00</u>
4c. <u>\$0.00</u>
4d. <u>\$0.00</u>

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Debtor 1	Jose	Trinidad	Cuellas	Case number (if known) <u>24-41040-MXM-13</u>
	First Name	Middle Name	Last Name	
				Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans			5. _____ \$0.00
6.	Utilities:			
6a.	Electricity, heat, natural gas			6a. _____ \$350.00
6b.	Water, sewer, garbage collection			6b. _____ \$120.00
6c.	Telephone, cell phone, Internet, satellite, and cable services			6c. _____ \$450.00
6d.	Other. Specify: <u>Cable/Internet</u>			6d. _____ \$260.00
7.	Food and housekeeping supplies			7. _____ \$600.00
8.	Childcare and children's education costs			8. _____ \$150.00
9.	Clothing, laundry, and dry cleaning			9. _____ \$120.00
10.	Personal care products and services			10. _____ \$200.00
11.	Medical and dental expenses			11. _____ \$0.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.			12. _____ \$275.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books			13. _____ \$300.00
14.	Charitable contributions and religious donations			14. _____ \$500.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance			15a. _____ \$0.00
15b.	Health insurance			15b. _____ \$0.00
15c.	Vehicle insurance			15c. _____ \$0.00
15d.	Other insurance. Specify: _____			15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____			16. _____ \$0.00
17.	Installment or lease payments:			
17a.	Car payments for Vehicle 1			17a. _____ \$0.00
17b.	Car payments for Vehicle 2			17b. _____ \$0.00
17c.	Other. Specify: _____			17c. _____ \$0.00
17d.	Other. Specify: _____			17d. _____ \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____			19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
20a.	Mortgages on other property			20a. _____ \$0.00
20b.	Real estate taxes			20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance			20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses			20d. _____ \$0.00
20e.	Homeowner's association or condominium dues			20e. _____ \$0.00

Debtor 1

Jose Trinidad Cuellas
First Name Middle Name Last Name

Case number (if known) 24-41040-MXM-13

21. Other. Specify: _____

21. + _____ \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. _____ \$6,533.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$6,533.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. _____ \$11,361.36

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$6,533.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$4,828.36

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Fill in this information to identify your case:

Debtor 1	Jose	Trinidad	Cuellas
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern District of Texas		
Case number (if known)	24-41040-MXM-13		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>		\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>		\$58,924.34
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>		\$58,924.34

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>		\$167,308.64
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>		\$61,393.69
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+	\$252,285.58
		Your total liabilities
		\$480,987.91

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i>		\$11,361.36
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i>		\$6,533.00

Debtor 1

Jose Trinidad Cuellas
First Name Middle Name Last Name

Case number (if known) 24-41040-MXM-13

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$16,389.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$58,285.69

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

9d. Student loans. (Copy line 6f.) \$103,932.67

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.00

9g. **Total.** Add lines 9a through 9f. \$162,218.36

Fill in this information to identify your case:

Debtor 1	<u>Jose</u> First Name	<u>Trinidad</u> Middle Name	<u>Cuellas</u> Last Name
Debtor 2 (Spouse, if filing)	<hr/>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Northern District of Texas</u>		
Case number (if known)	<u>24-41040-MXM-13</u>		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jose Trinidad Cuellas
Jose Trinidad Cuellas, Debtor 1

Date 04/08/2024
MM/ DD/ YYYY

IN RE: Cuellas, Jose Trinidad

CASE NO 24-41040-MXM-13

CHAPTER Chapter 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real Estate	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicle	\$7,825.00	\$5,663.79	\$2,161.21	\$2,161.21	\$0.00
4.	Watercraft, trailers, motors homes, and accessories	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$11,400.00	\$0.00	\$11,400.00	\$11,400.00	\$0.00
7.	Electronics	\$7,750.00	\$0.00	\$7,750.00	\$7,750.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$3,050.00	\$0.00	\$3,050.00	\$3,050.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$2,500.00	\$0.00	\$2,500.00	\$2,500.00	\$0.00
12.	Jewelry	\$4,000.00	\$0.00	\$4,000.00	\$4,000.00	\$0.00
13.	Nonfarm animals	\$300.00	\$0.00	\$300.00	\$300.00	\$0.00
14.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18.	Bonds, mutual funds, or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Business Interests, LLC's, Partnerships, Joint Ventures and Nonpublicly traded stock	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Bonds and other financial instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interest in a qualified education fund, such as an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equitable or future interests in property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Copyrights, trademarks, websites and other intellectual property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, Franchises, and other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts owed to the debtor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Interest in property from deceased	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims against third parties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)*Continuation Sheet #1***Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
34.	All other claims, includes contingent/unliquidated claims, counter claims, and creditor set offs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Other financial asset	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts receivable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Machinery, fixtures and equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer lists	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Other businessrelated property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Other farm or fishing related property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$36,825.00	\$5,663.79	\$31,161.21	\$31,161.21	\$0.00

IN RE: Cuellas, Jose Trinidad

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CHAPTER Chapter13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder

Property Description	Market Value	Lien	Equity
Real Property			
(None)			
Personal Property			
(None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
Real Property				
(None)				
Personal Property				
(None)				
TOTALS:	\$36,825.00	\$5,663.79	\$31,161.21	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$36,825.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$36,825.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$5,663.79
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$5,663.79
G. Total Equity (not including surrendered property) / (A-D)	\$31,161.21
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$31,161.21
J. Total Exemptions Claimed	\$31,161.21
K. Total Non-Exempt Property Remaining (G-J)	\$0.00